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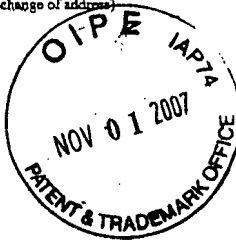
5031/4

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47545 7590 09/13/2007

STEVEN A. GARNER, ESQ.
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 STAMFORD, CT 06902



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KATHLEEN A. ANDRADE	(Depositor's name)
<i>Kathleen A. Andrade</i>	(Signature)
November 1, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/601,708 06/23/2003 Carly White 8092-112(177608) 7503
 11/02/2007 NGBRE2 00000048 501239 10601708

TITLE OF INVENTION: VENT BRUSH HAVING FLEXIBLE BRISTLE SUPPORT

01 FC:1501 1448.00 DA
 02 FC:1504 308.00 DA
 03 FC:8801 15.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional **YES NO** \$700 \$300 \$0 \$1000 12/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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REDDING, DAVID A 1744 015-187000

NEW POWER OF ATTORNEY AND ASSIGNMENT HAVE BEEN RECORDED

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lawrence Cruz

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CONAIR CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**ONE CUMMINGS POINT ROAD
 STAMFORD, CT 06902**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies **5**

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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **501239** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature **CONAIR CORPORATION**

By: **Richard A. Margulies**
 Typed or printed name **RICHARD A. MARGULIES, VP**

Date **November 1, 2007**

Registration No.

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